PROTECTING THE VULNERABLE IN TIMES OF VULNERABILITY

Breastfeeding in Emergencies

Infant and Young Child Feeding in Emergencies

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WORLD BREASTFEEDING WEEK
SYRIA CRISIS - EMERGENCY

- More than 1.8 million refugees
- An estimated 4 million people are in need of humanitarian assistance – half of them are children.
- In Lebanon alone there are more than 600,000 persons affected – estimated to reach more than 1 million by December 2013.
20% of people affected by the Syria crisis are children under 5 years of age.
RISK OF CHILD MORTALITY

- Risk of mortality can increase up to 70 times
- Even among previously healthy populations
- Mortality rates can soar 20-fold in as little as 2 weeks (WHO 2004)
**LANCET 2013 NUTRITION SERIES:**

45% of child deaths are due to undernutrition; 12% of those deaths or 800,000 deaths, attributable to sub-optimal breastfeeding.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage of deaths</th>
<th>Annual numbers of deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined effects</td>
<td>45.4</td>
<td>3,149,000</td>
</tr>
<tr>
<td>Stunting</td>
<td>17.0</td>
<td>1,179,000</td>
</tr>
<tr>
<td>Underweight</td>
<td>17.0</td>
<td>1,180,000</td>
</tr>
<tr>
<td>Fetal growth restriction</td>
<td>11.8</td>
<td>817,000</td>
</tr>
<tr>
<td>Sub-optimal breastfeeding</td>
<td>11.6</td>
<td>804,000</td>
</tr>
<tr>
<td>Wasting</td>
<td>11.5</td>
<td>800,000</td>
</tr>
<tr>
<td>Severe wasting</td>
<td>7.8</td>
<td>540,000</td>
</tr>
<tr>
<td>Vitamin A deficiency</td>
<td>2.3</td>
<td>157,000</td>
</tr>
<tr>
<td>Zinc deficiency</td>
<td>1.7</td>
<td>116,000</td>
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</tbody>
</table>

*Source: Lancet 2013, Nutrition Series (paper 1)*
IMPORTANCE OF INFANT AND YOUNG CHILD FEEDING

Adequate nutrition in the first two years of life known as WINDOW OF OPPORTUNITY (especially breastfeeding):

- Influences the health and survival of mothers, infants, children, adults and subsequent generations
- Protects against acute infections
- Decreases risk of development of chronic diseases
- Potentially has an impact on environmental and societal well-being.
The period during pregnancy and a child’s first two years of life are considered a “critical window of opportunity” for prevention of growth faltering.

THE WINDOW OF OPPORTUNITY

Source: Victora et al, Pediatrics 2010
BREASTFEEDING IS A LIFELINE DURING EMERGENCIES

- Immunity
- Optimal nutrition
- Practical
- Comforting
- Secure
- Safety (ensures mother & child kept together in chaotic environment)
- Clean
- Food security for infants and young children
- Empowering (mother may have lost everything and is reliant on outside aid this is something that SHE, and only her, can do for her baby)
- Decreases risk of mortality
ARTIFICIAL FEEDING IS ALWAYS RISKY

- No active protection through mother’s antibodies
- Infant formula powder is not sterile
- Bottle feeding increases risk
- Costly in time, resources and care
- Bottle and teats extra source of infection
- Increases food insecurity and dependency
ARTIFICIAL FEEDING IS EVEN RISKIER IN EMERGENCIES

- No protection
- Contamination (intrinsic contamination, formula prepared in the emergencies and feeding utensil)
- Poor preparation (dilution & caregivers lack of knowledge about how to make ‘safe’ formula in the emergency conditions – even if they did before)
- Costly
- Food insecurity
- Increases the risk of infection and mortality
EXCESS RISK OF MORBIDITY AND MORTALITY: SOME EXAMPLES

Botswana emergency 2005-6: Non-breastfed infants 50 times more likely to be hospitalised and much more likely to die.

Conflict, Guinea-Bissau, 1998: non-breastfed children aged 9-20 months old were 6 times more likely to have died during the first 3 months of the war compared with children still breastfeeding.

Guinea Bissau: Jacobsen 2003
RECOMMENDATION FOR OPTIMAL IYCF IN EMERGENCIES

- Early initiation of breastfeeding (within 1 hour of birth)
- Exclusive breastfeeding (0-<6m)
- Continued breastfeeding (2 years or beyond)
- Complementary feeding (6-<24m)
- Complementary foods

Safe and appropriate infant and young child feeding in emergencies
Stages of Infant and Young Child Feeding

Proportion of nutrients provided

- Exclusive Breastfeeding
- Partial Breastfeeding
- Token Breastfeeding

Age of child
- Birth
- 6 months
- 1 year
- 2 years
- 3 years

Breastfeeding
Complementary Foods
EARLY INITIATION OF BREASTFEEDING SAVES NEWBORN LIVES

Initiation of breastfeeding within the *first hour* could prevent up to 20% of neonatal deaths from all causes

*Lancet* 2013: initiation within the *first 24 hours* associated with 45% reduction in all-cause neonatal mortality

➢ Newborns are particularly vulnerable in emergencies.

A non-breastfed child is 14 times more likely to die in the first 6 months compared to an exclusively breastfed child in developing countries.

These risks are amplified many times in an emergency.

CONTINUED BREASTFEEDING IS CRUCIAL

- Continued breastfeeding is crucial in reducing the risk of diarrhoea and other illnesses in children older than 6 months.
- Safe, adequate, and appropriate complementary feeding, which significantly contributes to prevention of undernutrition and mortality in children after 6 months, is often jeopardized during emergencies and needs particular attention.
**LANCET 2013 DIARRHEA-PNEUMONIA SERIES:**
BREASTFEEDING PROMOTION HAS LARGE IMPACT ON CHILD DEATHS DUE TO DIARRHEA AND PNEUMONIA

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Lives saved</th>
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<tbody>
<tr>
<td>Pneumococcal vaccine</td>
<td></td>
</tr>
<tr>
<td>Case management of neonatal infections</td>
<td></td>
</tr>
<tr>
<td>Breastfeeding promotion</td>
<td></td>
</tr>
<tr>
<td>Case management of pneumonia infections</td>
<td></td>
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<tr>
<td>Improved water source</td>
<td></td>
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<tr>
<td>Zinc supplementation</td>
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<tr>
<td>Hib vaccine</td>
<td></td>
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<tr>
<td>Handwashing with soap</td>
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<tr>
<td>Improved sanitation</td>
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<tr>
<td>ORS</td>
<td></td>
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<tr>
<td>Rotavirus vaccine</td>
<td></td>
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<tr>
<td>Hygienic disposal of children's stools</td>
<td></td>
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<tr>
<td>Vitamin A supplementation</td>
<td></td>
</tr>
<tr>
<td>Zinc for treatment of diarrhea</td>
<td></td>
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<tr>
<td>Antibiotics for dysentery</td>
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</tbody>
</table>

*Source: *Lancet 2013, Childhood Pneumonia and Diarrhea Series, Paper 2.*
IMPORTANCE OF IYCF (BF & CF) IN CHILD SURVIVAL

Breastfeeding & Complementary Feeding = single largest impact on child mortality of all preventive interventions: 19%
Source: Lancet Child Survival Series 2003
Breastfeeding saves lives in emergencies all over the world
BREASTFEEDING IN EMERGENCIES

• Emergencies exacerbate the risks of not breastfeeding or mixed feeding

• Donations of breastmilk substitutes and other milks undermine breastfeeding and cause illness and death
KEY GLOBAL LEGISLATION, FRAMEWORKS, STRATEGIES & INITIATIVES

- The International Code of Marketing of Breastmilk Substitutes (International Code)
- The Sphere Humanitarian Charter and Standards
- Innocenti Declaration (2005)
- UNICEF conceptual framework
- Operational Guidance on IYCF-E
- Millennium Development Goals
- Global strategy for Infant and Young Child Feeding - 2002
- Baby friendly initiative
- The rights of women and children
- Millennium Development Goals
- International law and frameworks

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STRATEGIES TO ENSURE OPTIMAL IYCF IN EMERGENCIES

- Having relevant policies and procedures to provide supportive environments
- Appropriate care for breastfeeding and complementary feeding
- Controlling the distribution of breast-milk substitutes
WORLD HEALTH ASSEMBLY
RESOLUTION 63.23, 2010 APPLIES WORLDWIDE: ALSO IN SYRIA!

WHA 63.23 urges Member States to implement the Operational Guidance on IYCF-E.
Violation of Article 9 of the Code: Labels in ‘wrong’ language
THE RISKS OF ARTIFICIAL FEEDING IN EMERGENCIES

Relation between prevalence of diarrhoea and receipt of donated infant formula, Yogyakarta Indonesia post-2006 earthquake.
THE IMPORTANCE OF IYCF-E IN THE SYRIA CRISIS
INFANT AND YOUNG CHILD FEEDING IN SYRIA PRE-CRISIS

- Pre-crisis IYCF practices were far from optimal:
  - 46% initiating breastfeeding within the first hour of birth
  - 43% exclusive breastfeeding
  - 23% of mothers continuing to breastfeed at 2 years.
- Approximately 10% of infants less than 6 months in Syria were not breastfed at all
- This means that the vast majority of infants at least started breastfeeding/were partially breastfed
- 28% stunting is high, points to poor IYCF practices as a major factor.

All data from 2009 reported in UNICEF. State of the World’s Children, 2012
CURRENT SITUATION: FACTORS WHICH HERALD A GROWING IYCF-E CRISIS WHICH WILL UNDERMINE CHILD SURVIVAL

Across the region the risk factors are evident:

- Breastfeeding is being undermined by a proliferation of myths/misconceptions about breastfeeding.
- Myths and misconceptions surrounding breastfeeding are common especially related to stress and lack of food.

“My body does not produce enough milk”

IOCC Lebanon
EXAMPLES FROM THE FIELD

- ‘breastfeeding is better but mothers are too busy/stressed/not eating enough – we will promote this later when we have time’

Save the Children – Jordan
FACTORS WHICH HERALD A GROWING IYCF-E CRISIS WHICH WILL UNDERMINE CHILD SURVIVAL (CTN’D)

• Widespread donations and untargeted distributions of breast-milk substitutes (BMS) and other milk products,
FACTORS WHICH HERALD A GROWING IYCF-E CRISIS WHICH WILL UNDERMINE CHILD SURVIVAL (CTN’D)

Ad-hoc donations of infant formula and other milks given to “any mother with a young child” regardless of whether she is breastfeeding or not. No additional education, resources or support is provided.

Large sacks of milk powder – open to elements and contamination given to any ‘mothers with babies’
FACTORS WHICH HERALD A GROWING IYCF-E CRISIS WHICH WILL UNDERMINE CHILD SURVIVAL (CTN’D)

• Shortage of skilled support for breastfeeding mothers
• Lack of complementary foods; concern about the poor micronutrient content of food
FACTORS WHICH HERALD A GROWING IYCF-E CRISIS WHICH WILL UNDERMINE CHILD SURVIVAL (CTN’D)

• Poor/strained Water, Sanitation and Hygiene facilities impacting on infant feeding outcomes.
• Started to see cases of malnutrition in children under 6 and over months of age
EXAMPLES FROM THE FIELD

• Lack of appropriate support for children with no possibility to breastfeed:
  • The mother passed away after giving birth. The aunt is taking care of the baby but refuses to breastfeed her because she thinks it is impossible.

• Myths and misconceptions:
  • The mother, got pregnant when her youngest was 2 months old. The doctor told her to stop breastfeeding. When her twins were born, she did not breastfeed them because she thought she did not have any milk.
SOME INTERVENTIONS ...

• Capacity building for health care providers / hospitals
• Awareness and education for mothers
• Creation of mother support groups
ADDITIONAL GENERAL ISSUES

• IYCF-E been ignored and/or got lost under health agenda.

• Lack of awareness amongst donors, governments, international NGOs, local NGOs, civil society organisations, diaspora of the critical life-saving importance of IYCF-E and the international standards (Operational Guidance on IYCF-E, Sphere)

• Particularly challenging in places like Northern Syria where there is limited presence of United Nations.

• Inadequate funding for IYCF-E
WHAT IS NEEDED TO SUPPORT IYCF-E IN THE SYRIA CRISIS

Recognition by all that IYCF-E is a critical emergency response that is needed IMMEDIATELY

- Save lives
- Prevents morbidity
- Prevents acute and chronic malnutrition
- And if we do not support children in the 1000 day window of opportunity even if the crisis stops soon children will be impacted for the rest of their lives.
- Prevention should be the primary aim of the nutrition response
WHAT IS NEEDED TO SUPPORT IYCF-E IN THE SYRIA CRISIS

- Capacity Building on IYCF-E – all levels and all elements
  - Creation of mother support groups
  - Breastfeeding education / counselling
- Advocacy to international and local NGOs or civil society to stop donations and untargeted distributions of breast-milk substitutes and other milk products
- Support to ‘new’ NGOs, civil societies who are unaware of humanitarian standards, IYCF-E guidance, and IYCF-E issues on how to incorporate these into their programmes/activities.
- Funding for above and for IYCF-E programming applicable to the country and context but in line with the Operational Guidance on IYCF-E.
KEY MESSAGES

Supporting and protecting optimal infant and young child feeding in the Syria crisis is an essential intervention to save children’s lives.

While there is currently a lack of information on the health, nutrition, situation and survival of infants and young children, we know that the established risks of poor feeding practices are amplified under the current conditions faced by infants in the Syria crisis –

additional data on the need would be useful but we already have evidence do we need a proven catastrophe before acting?

There needs to be funding for an IMMEDIATE appropriate IYCF-E response in the region (that follows international guidance)
LET’S SUPPORT – PROMOTE - PROTECT BREASTFEEDING DURING EMERGENCIES!